

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROCESS FOR AUTOMATIC REMOVAL OF PACKAGES
Attorney Docket Number::	0514-1050-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	6
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CLEMENT  
Middle Name::  
Family Name:: MEYER  
City of Residence:: BERNWILLER  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing 34 RUE LOUIS WERNER  
Address::  
City of Mailing Address:: BERNWILLER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 68210

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GUY  
Middle Name::  
Family Name:: SCHUELLER  
City of Residence:: KINGERSHEIM  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing 13A RUE DE PFASTATT  
Address::  
City of Mailing Address:: KINGERSHEIM  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 68260

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/396,572	7/18/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 08563	7/8/02	Yes

**Assignment Information**

Assignee Name:: SUPERBA  
Street of Mailing Address:: 147 AVENUE ROBERT SCHUMAN

City of Mailing Address:: MULHOUSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 68100